

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

GILES S. PORTER, M.D., Director

Weekly Bulletin



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GUY P. JONES
EDITOR

Pasadena Issues Annual Health Report

Dr. J. D. Dunshee, City Health Officer, Pasadena, has issued the annual report for his department for the year 1932. It consists of more than one hundred mimeographed pages, bound in an attractively printed cover. The report covers a wide range of activities in public health administration and includes a discussion of the accomplishments in the following divisions: Public Health Education, Vital Statistics, Infant Mortality and Child Hygiene, Maternal and Prenatal Care, Public Health Nursing, Communicable Disease Control, Milk and Food Control, Sanitation and Laboratory. The report follows the appraisal form and indicates the accomplishment of a large amount of effective work in the promotion of community public health.

In the discussion of the administration of the department, Dr. Dunshee states, "In the administration of this department an attempt has been made to follow standards which are being proved by experience to best meet the need and understanding of modern public health problems. This requires an alertness to changing sociological concepts as well as to developments in the science of medicine. Successful public health practice must be a scientific contribution to the art of living. The distinction between prevention and cure can not be sharply drawn. The public interest requires that provision be easily accessible for the best medical care to every individual in the community and that each individual have the advantage of every known method for the prevention

of disease. To attain this requires constant reconstruction of concepts.

"In the administration of measures for the promotion and protection of the public health similar consideration must be given, as in other social problems, to securing the maximum public benefit with the least sacrifice of individual rights and liberties. For this reason we have made every effort to secure cooperation between the physician in private practice, the volunteer agency and the official agency in those measures which of necessity extend to the home, the hospital, the clinic, and the physician's office."

Relative to infant mortality and child hygiene Dr. Dunshee states, "The various rates are given in their proper place in this report but it is of interest to note here that the infant mortality rate for the year is lower than any previous year, being 34.9 per thousand living births; and the maternal mortality rate is 3.7, a lowering of last year's rate. Infant mortality due to postnatal conditions has been reduced to a minimum in recent years due to better infant care. There was only one death under one year from postnatal causes. Deaths from prenatal causes remain about the same.

"An investigation of every birth in the city during the year and of every death under one year discloses the following facts: Less than 10 per cent of all cases receive a Wassermann test during the prenatal period whereas this should be a routine practice in prenatal care, with intensive and continuous treatment in all

positive cases. Patients do not come under the care of their physicians early enough in pregnancy and when they do they do not follow instructions carefully in spite of known facts that by so doing much of the infant mortality due to prenatal causes might be prevented, maternal mortality lessened and maternal and infant health promoted.

"An arrangement has been made with attending physicians and local hospitals to furnish Wassermann tests without cost and an effort is being made to have this done early in pregnancy.

"It is not to be forgotten that the incidence of syphilis in new born infants in this country has been estimated at $1\frac{1}{2}$ per cent for all births and that this is much higher among prematures, which constitute the main cause for infant mortality. In this series of cases the history does not indicate syphilis as a factor but the lack of Wassermann taking does not permit of its exclusion.

"Economic depression, nutritional disturbances and predisposition to infections are interrelated. Mothers who are undernourished and suffering from a feeling of insecurity are handicapped in giving birth to strong, healthy children and infants whose diets are inadequate and become undernourished are especially susceptible to infections. Also, infants have a special susceptibility to certain infections which affect nutrition. These are tuberculosis, pyelitis, and infections of the ear, nose and throat. It becomes a matter of unusually great concern during these times that infants are protected from exposure to infection and are supplied with nourishing food. The attendance at infant welfare conferences has increased the past year out of proportion to the normal expectancy. This has seemed to indicate a realization of the need for supervision in infant care and feeding, an appreciation of the type of service given and an inability from economic causes to secure such assistance elsewhere.

"The department maintains eight weekly conferences for infant and preschool age children. All but two of these are held in public school buildings which by association of ideas at least links them with the educational system. They have also served as a link in connection with the program for parent education and have furnished material for a definite study in the intelligence testing for this age period. The conferences are directly in charge of a pediatrician assisted by public health nurses and volunteers from the Woman's Civic League of Pasadena. This latter assistance renders needed service and in addition is an added method for public health education."

The report of the Pasadena Health Department combines the record of the department for the year

and an appraisal of combined community health activities prepared for the Inter-Chamber Health Conservation Contest, sponsored by the United States Chamber of Commerce and the American Public Health Association. Pasadena has the added distinction of being rated as one of the honor cities each year of this contest.

INSTITUTE ON HEART DISEASE

The San Francisco Heart Committee of the San Francisco County Medical Society, San Francisco Tuberculosis Association and the Health Council of the San Francisco Community Chest have announced an institute on heart disease, which will be held in the auditorium of the Administration Building of the San Francisco Department of Public Health. On Wednesday of each week, beginning March 15th and ending April 5th, the lectures will be held between the hours of 4 and 5 p.m. The institute is sponsored by the San Francisco Department of Public Health, the Physical Education Department of the San Francisco Board of Education, San Francisco Cardiac Center and the Baby Hygiene Committee of the American Association of University Women.

At the first session, Wednesday, March 15th, Dr. J. C. Geiger, City Health Officer of San Francisco, will preside and Dr. Walter H. Brown of Stanford University will discuss heart disease as a public health problem. At the session of Wednesday, March 22d, Dr. Paul S. Barrett, Director of Child Welfare of the San Francisco Health Department, will preside and Dr. Clain F. Gelston of San Francisco will discuss heart disease in infancy (birth to five years). On Wednesday, March 29th, Dr. Ethel D. Owen of San Francisco will preside and Dr. John J. Sampson will discuss the prevention and care of heart disease during childhood and adolescence (six to twenty years). At the final session, Wednesday, April 5th, Dr. Wm. J. Kerr of the University of California Hospital will preside and Dr. John P. Strickler will discuss heart disease in the adult. The program has been arranged by Dr. John J. Sampson, Dr. Adelaide Brown and Dr. Ellen S. Stadtmuller, under the direction of Dr. John C. Strickler, chairman of the committee on education and publicity.

The increasing numbers of deaths from diseases of the heart and circulatory system makes it important that problems related to these diseases be discussed by groups of individuals who come into contact with children. The institute is designed specially for school physicians, public health nurses, physical educators and social workers. The interested public is also invited to attend.

NORTHERN CALIFORNIA PUBLIC HEALTH ASSOCIATION MEETS

The Northern California Public Health Association held its regular meeting in San Francisco March 4, 1933. The principal address was given by Dr. B. W. Black, Medical Director of Alameda County. Dr. Black talked upon the subject of the Alameda County public health plan. Dr. L. M. Wilbor of the San Francisco Hospital discussed Dr. Black's paper. Dr. C. Rufus Rorem of the Rosenwald Foundation, Chicago, discussed the problem of costs for medical care.

Officers elected for the ensuing year are: Dr. H. F. True, City Health Officer, Sacramento, President; Leland B. Reynolds, Department of Sanitary Engineering, Stanford University, President-Elect; Eleanor Stockton, R.N., Phelan Foundation, San Francisco, Vice President; Dr. Walter Brown, Stanford University, Department of Physical Education, Secretary, and Mary E. Davis, Bureau of Child Hygiene, State Department of Public Health, San Francisco, Treasurer. The retiring president, Dr. Thomas A. Storey, presided.

At this meeting announcements were made relative to the Public Health Institute on the Control of Communicable Disease held in San Francisco March 16th, 17th and 18th.

OYSTERS AND CLAMS MUST BE CLEAN

A survey was made last month of clam beds and clam gathering in San Francisco Bay. Out of forty areas where clams grow in considerable quantities, only six were reasonably clean. Vigorous steps were taken to break up illegitimate commercial gathering, as well as that by private individuals. Market clams were taken up and examined and steps were taken to require all markets buying clams to procure the signature of the person selling the shellfish on the date of sale. An appeal has also been made to restaurants to buy only from dealers who have been given clean bills of health by city and State health departments. Newspaper publicity was also used to acquaint housewives of the danger in using clams from infected areas without proper cooking.

Our chief enemies at present are heart disease, cancer, pneumonia, tuberculosis and syphilis. If the full facts were known, as Dr. Osler said, syphilis would probably come first. Syphilis is the biggest killing disease in the community. It and tuberculosis are undoubtedly the greatest present contributors to the total mortality prior to the approach of old age. By the removal of tuberculosis and syphilis, most of the preventable deaths from the age of 15 to 65 would be avoided.—Sir Arthur Newsholme, M.D.

MALNUTRITION IS AN ENEMY TO THE NATION'S FUTURE WELFARE

During the past year malnutrition has become a matter of grave concern to public health officials, physicians and teachers. The condition which, even in more prosperous times, was sufficiently general as to be styled "the great American school disease" has now attained a prevalency which demands enlightened and concerted action.

Due to economic conditions the faulty living and dietary habits which develop malnutrition in children have now been greatly intensified. Consequently the present situation justifies not only official, but individual and community concern.

Strictly speaking, malnutrition is not a disease, but rather a condition due to poor or faulty nourishment. The child is usually thin, but then again he may be fat and flabby. Pale, with dark hollows under the eyes, lacking muscular tone, shoulders rounded—the blades sometimes developing the deformity known as "wings," chest flat and narrow, abdomen protruding, lacking the animal spirits and mental vigor of the healthy youngster, the victim presents in varying degrees a sorry physical picture.

Specific causes of malnutrition are insufficient or unsuitable diet, wrong food habits, insufficient sleep, chronic fatigue, lack of exercise, actual disease, physical defects and an element of heredity.

The condition in itself thoroughly justifies concern at all times. However, the results from malnutrition present the biggest problem and involve stunted growth, anaemia, nervous instability and diminished energy. But probably one of the most serious consequences is increased susceptibility to disease and lack of resistance to it. Moreover, the relation between malnutrition and tuberculosis is conclusively, even pathetically, established. In short, malnutrition is an abnormal condition which, if it is permitted to continue, in many cases, results in serious illness and possibly death.

Ever-increasing malnutrition is confronting the country at large today. A well-balanced "ration" is the most powerful weapon against it. Parents must somehow be made to realize the value of an intelligently applied dietary. Communities, on the other hand, can not afford to underemphasize this vital and elemental factor in present-day welfare activities.

It is not too much to say that malnutrition in the young, especially among the families of the unemployed, represents a powerful enemy against the nation's future welfare. Intelligent, even patriotic, action is needed to successfully combat it.—*Food Facts.*

TRICHINOSIS

Two outbreaks of trichinosis were reported during January. Both were due to the consumption of improperly cooked sausage. The first outbreak occurred in Plumas County and five cases were located among guests who attended a party. Portions of the sausage were found heavily infested when examined at the State laboratory. The remaining sausage was destroyed. Five cases were involved in the other outbreak in Yolo County. All patients had tasted raw sausage during the process of preparation. A sample examined at the State laboratory revealed heavy infestation. All of the pork (about 700 pounds) was destroyed.

NEW HEALTH OFFICER AT ANTIOCH

Dr. Fred P. Nevius has been appointed city health officer of Antioch to succeed Dr. J. B. Blackshaw who has changed his place of residence to Oakland.

MORBIDITY***Diphtheria**

49 cases of diphtheria have been reported, as follows: Kern County 1, Bakersfield 1, Los Angeles County 6, Glendale 3, Los Angeles 21, Torrance 1, South Gate 1, Monterey Park 1, Marin County 2, Riverside County 1, San Bernardino County 2, Chino 1, San Bernardino 1, San Diego 1, San Francisco 2, Gilroy 1, Sutter County 1, Tulare County 1, Yolo County 1.

Influenza

107 cases of influenza have been reported. Those communities reporting 10 or more cases are as follows: Los Angeles 32, San Francisco 21.

Measles

985 cases of measles have been reported. Those communities reporting 10 or more cases are as follows: Los Angeles County 149, Alhambra 28, El Monte 12, Glendale 39, Huntington Park 12, Los Angeles 496, Pasadena 62, Torrance 13, South Gate 26, Bell 18, Ontario 14, Yuba City 14.

Scarlet Fever

217 cases of scarlet fever have been reported. Those communities reporting 10 or more cases are as follows: Fresno 11, Los Angeles County 11, Los Angeles 70, Sacramento 16.

Whooping Cough

391 cases of whooping cough have been reported. Those communities reporting 10 or more cases are

* From reports received on March 13th and 14th for week ending March 11th.

as follows: Alameda 12, Berkeley 27, Oakland 18, Los Angeles County 29, Culver City 10, Los Angeles 35, Sacramento 14, San Francisco 85, Stockton 24, Santa Barbara 25.

Smallpox

39 cases of smallpox have been reported, as follows: Los Angeles County 6, Los Angeles 23, Santa Clara County 5, San Jose 5.

Typhoid Fever

9 cases of typhoid fever have been reported, as follows: Oakland 1, Los Angeles 3, Pomona 1, Santa Ana 1, Trinity County 1, California 2.**

Meningitis (Epidemic)

3 cases of epidemic meningitis have been reported, as follows: Kern County 1, Los Angeles 2.

Poliomyelitis

2 cases of poliomyelitis have been reported as follows: Los Angeles County 1, Pomona 1.

Encephalitis (Epidemic)

One case of epidemic encephalitis from Santa Ana has been reported.

Trichinosis

2 cases of trichinosis from San Francisco have been reported.

Food Poisoning

11 cases of food poisoning from San Francisco have been reported.

Undulant Fever

2 cases of undulant fever have been reported, as follows: Los Angeles County 1, Fullerton 1.

Septic Sore Throat

3 cases of septic sore throat have been reported, as follows: Kern County 1, Pasadena 1, Fillmore 1.

Coccidioidal Granuloma

One case of coccidioidal granuloma from Los Angeles has been reported.

** Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.

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